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REPORT OF RECEIPTS AND DISBURSEMENTS

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Rev. 12/2004

2015 NOV 19 PM 2: 08 FORM 3X For Other Than An Authorized Committee T COTTICE CUSE OFFICE IN THE TYPE OR PRINT ▼ Example: If typing, type NAME OF 12FE4M5 COMMITTEE (in full) over the lines. merican ADDRESS (number and street) Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER ▼ CITY A STATE A ZIP CODE A C00523092 3. IS THIS NEW **AMENDED** OR REPORT (N) (A) 4. TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) Aug 20 (M8) May 20 (M5) (Non-Election Year Only) (Choose One) Report Due On: Dec 20 (M12) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (Non-Election Year Only) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report (Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 **PRE-Election** Quarterly Report (Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3) in the January 31 Election on State of Year-End Report (YE) July 31 Mid-Year (d) 30-Day Report (Non-election **POST-Election** General (30G) Runoff (30R) Special (30S) Year Only) (MY) Report for the: Termination Report (TER) in the Election on State of 07 01 2014 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. J. Briley Morgan Type or Print Name of Treasurer J. Bailey Morgo Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office **FEC FORM 3X** Use